

HOWARD COUNTY INFORMATION SHEET
SOLE PROPRIETORSHIP

FORM D

SOLE PROPRIETOR'S NAME: _____

ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL) _____

FAX: _____ E-MAIL: _____

I do solemnly declare and affirm under the penalties of perjury that the information contained within is true and correct to the best of my knowledge.

(Signature) (Date)

(Type or Print Name)

* * * * *

IF APPLICABLE

BUSINESS OR TRADE NAME: _____

MD STATE ASSESSMENT REGISTRATION NO. (Business License): _____

I do solemnly declare and affirm under the penalties of perjury that the information contained within is true and correct to the best of my knowledge.

(Signature) (Date)

(Type or Print Name)